

**BEST AVAILABLE COPY**

CLAIMS						SERIAL NO.		FILING DATE			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.
1	/		/				51				
2	/		/				52				
3	/		/				53				
4	/		/				54				
5	8		/				55				
6	8		/				56				
7	8		/				57				
8	8		/				58				
9			/				59				
10	8		/				60				
11	8		/				61				
12	8		/				62				
13			/				63				
14							64				
15			/				65				
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35			/				85				
36			/				86				
37			/				87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS